

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/088818

FILING DATE

APPLICANT(S)

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | 1 | 2 | 2 | | |
| TOTAL DEP. | 2 | 3 | 2 | 2 | | |
| TOTAL CLAIMS | 4 | 4 | 4 | 2 | | |

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| TOTAL IND. | | | |
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| TOTAL CLAIMS | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE